Access QI

A Guide to Measuring

Version 5

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Access QI

Access QI uses quality improvement methods to sustainably match capacity and demand, which enables sustained improvements in waiting times for planned care. Other programmes focused on waiting lists initiatives will reduce the waiting list backlog and Access QI will provide balance in capacity and demand to prevent the build-up of future waiting lists.

QI Zone hosted by NHS Education for Scotland has more information about measurement in quality improvement.

Access QI measures are listed in this document and are grouped into Outcome, Process and Balancing measures. There is also a fourth group of measures for Access QI called Performance Measures that are related to waiting list performance. Although Access QI is not directly aiming to reduce waiting lists, it should positively contribute towards improvements in these measures over time.

Data should be collected frequently enough to understand if implementing changes is leading to improvement. As Access QI is a short programme, data would need to be plotted weekly to give enough data points to demonstrate sustained change over time.

The national Access QI team will also support the capture of case studies and other qualitative information to help provide.

How to use this document

It is intended that this document be used as guidance on how to measure access. Boards are asked to capture and share data relating to each concept/measure. How boards do this should be agreed locally. It is advised that a new version of this document is created and updated to detail exactly how this information is being captured and presented.

Outcome measures

	Concept	Measure	How to interpret	Operational Definition Guidance	Data Collection	Presentation
Outpatients	**Balance between outpatient demand and activity for new appointments**	New outpatient appointment activity expressed as the difference between additions and removals from the waiting list.	This measure will give an indication of if the service provided enough new appointments to meet the demand for new appointments. This measure should be interpreted over time and not one week at a time. This is due to the level of variation that is anticipated on a weekly basis. The goal is to have net zero change in waiting list size, indicating that the service is in balance.	This measure includes all new appointments where the patient did not, or could not attend. New appointment activity. The number of new appointments that were booked to take place that week (measure at the end of the week to ensure accuracy). New appointment demand. Net referrals that week = total referrals minus removed/redirected referrals.	Data will be collected by accelerator site data teams on a weekly basis.	Weekly run Chart This measure will be displayed as a whole number, or as activity and demand on the same chart to give a sense of scale.
	Balance between outpatient demand and activity for follow-up appointments	Follow up activity expressed as the difference between follow-up activity and demand.	This measure will give an indication of if the service has enough follow-up appointments to meet the demand for follow-up appointments. This measure should be interpreted over time and not one week at a time. This is due to the level of variation that is anticipated on a weekly basis. The goal is to have net zero difference between activity and demand, indicating that the service is in balance.	This measure includes all follow-up appointments where the patient did not, or could not attend. Follow-up appointment activity. The number of follow-up appointments that were booked to take place that week (measure at the end of the week to ensure accuracy). Follow-up appointment demand. The number of appointments that week that resulted in a follow-up being issued, plus the number of patients that requested a patient-initiated review that week.	Data will be collected by accelerator site data teams on a weekly basis.	Weekly run Chart This measure will be displayed as a whole number, or as activity and demand on the same chart to give a sense of scale.

	Name	Measure	How to interpret	Operational Definition Guidance	Data Collection	Presentation
Inpatients	**Balance between inpatient demand and activity for new admissions**	New inpatient appointment activity expressed as the difference between additions and removals from the waiting list.	This measure will give an indication of if the service has taken enough new admissions to meet the demand for new admissions. This measure should be interpreted over time and not one week at a time. This is due to the level of variation that is anticipated on a weekly basis. The goal is to have net zero change in waiting list size, indicating that the service is in balance	This measure includes all new admissions that were booked to take place, whether or not they resulted in an admission. Inpatient activity. The number of new admissions that were booked to take place that week (measure at the end of the week to ensure accuracy). Inpatient demand. The number of patients placed on a waiting list for an inpatient procedure that week.	Data will be collected by accelerator site data teams on a weekly basis.	Weekly run Chart This measure will be displayed as a whole number, or as activity and demand on the same chart to give a sense of scale.

Process measures

Process measures are activities that need to happen reliably (or not happen) to achieve balance between capacity and demand. Process measures are context specific and depend upon the change ideas being implemented in each pathway. Accelerator sites are asked to develop their own process measures based the change ideas they are testing locally.

NHS Education for Scotland's QI Zone has a helpful guide to defining measures and the national Access QI team can provide tailored advice and guidance to support the creation of local process measures. If you would like support from the national Access QI team, please contact us at his.accessqi@nhs.scot.

Below are some examples of process measures. Please note that these may not suit your pathway and are intended as examples only. As the programme develops, these will be reviewed and updated with examples of process measures from the three accelerator sites.

Concept	Example process measures
Clinic utilisation	Percentage of available inpatient clinic time booked
	Percentage of booked/available inpatient clinic time used
Service initiated cancellations	Percentage of outpatients appointments cancelled by service
	Percentage of outpatients appointments cancelled in the 48 hours prior to appointment by the service
	Percentage of cancelled inpatient admissions which are re-allocated
	Percentage of inpatient/day cases cancelled by service
	Percentage of inpatient/day cases cancelled on the day of surgery
DNA rate	Percentage of patients who do not attend a new appointment
	Percentage of patients who do not attend a return appointment
Patient initiated review	Percentage of patients who opt-in to patient-initiated review
New to return ratio	Average number of follow-up appointments per new appointment
	Reappointment rate: Percentage of appointments that result in a follow-up being issued
Theatre utilisation	Percentage of theatre sessions that overrun
	Percentage of theatre session that run late and by how much

Balancing measures

Balancing measures check for possible consequences elsewhere in the system while improving the balance between capacity and demand.   Performance measures for Access QI include monitoring potential impact have on staff satisfaction as well as impact on key national performance measures.

Balancing measures will depend on the focus of your improvements and interpretation, the examples below may work better as outcomes measures. As well as gathering data for the measures below, accelerator sites are asked to consider any additional balancing measures based the change ideas they are testing locally.

Name	Measure	How to interpret	Operational Definition	Data Collection	Presentation
Staff Satisfaction	Team specific and should use existing measures or be defined locally.	Staff satisfaction should remain unchanged or improve.	Team specific and should be defined locally. NHS Education for Scotland's QI Zone has a helpful guide to defining measures. This could be as simple as stones in jars or using emoji's to check-out at end of shifts. Please contact his.accessqi@nhs.scot for tailored local support with care experience outcome measures.	Based on local arrangement.	Weekly run chart
Care experience	Pathway specific and should use existing measures or be defined locally.	Care experience should remain unchanged or improve.	Pathway specific and should be defined locally. NHS Education for Scotland's QI Zone has a helpful guide to defining measures. Please contact his.accessqi@nhs.scot for tailored local support with care experience outcome measures.	Based on local arrangement.	To be decided locally

Name	Measure	How to interpret	Operational Definition	Data Collection	Presentation
Redirected/removed referrals	Referrals not added to the waiting list expressed as a whole number or a percentage of the total referrals.	Managing demand can result in gatekeeping. An increasing number of referrals that are redirected elsewhere can indicate a gap in service provision, or a level of failure demand.	Include only referrals that are redirected or removed. **Numerator:** The number of referrals that are not added to the waiting list. **Denominator**: The total number of referrals received.	Data will be collected by accelerator site data teams on a monthly basis.	Monthly run chart.

Performance measures

Performance measures are normally used to give assurance or accountability on the performance of a system. They are usually defined as percentages that show compliance with a target. They are not normally used in quality improvement as the can hide valuable insights that are required for quality improvement.   However, access is an area with well-established national performance measures that can be used to communicate with key stakeholders, both locally and nationally, to demonstrate that Access QI is contributing to improving performance.

Name	Measure	How to interpret	Operational Definition	Data Collection	Presentation
Outpatient Waiting Time	Percentage of new patients that waited less than 12 weeks for an outpatient appointment.	Access QI aims to balance capacity and demand to prevent creating future backlogs. Access QI will not aim to reduce the current waiting list backlog. However, it should not increase the current backlog either or result in deterioration of current performance.	This measure will be displayed as a percentage and is defined as the standard national measure. **Numerator:** Number of patients that waited no longer than 12 weeks for an outpatient appointment, from the point of the referral being received. **Denominator:** Number of patients seen for a new outpatient appointment.	Data will be collected by accelerator site data teams.	Monthly Run Chart

Name	Measure	How to interpret	Operational Definition	Data Collection	Presentation
Treatment time guarantee	Percentage of new patients that waited less than 12 weeks for an inpatient appointment.	Access QI aims to balance capacity and demand to prevent creating future backlogs. Access QI will not reduce the current waiting list backlog. However, it should not increase the current backlog either or result in deterioration of current performance.	This measure will be displayed as a percentage and is defined as the standard national measure. **Numerator:** Number of patients who waited no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment. **Denominator:** Number of patients who had inpatient or day case treatment.	Data will be collected by accelerator site data teams.	Monthly Run Chart
Waiting times	Use existing local measure.	Alongside actual performance in terms of patients seen it is important to consider the shape of the queue of patients currently waiting, as equitable routine service provision relies on patients being seen in turn.	Existing local measure for the wait of patients currently on each waiting list at month end. Use existing local operational definition.	Data will be collected by accelerator site data teams.	Monthly Run Chart